



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

ROBERT A. FERNANDEZ
613 ELIZABETH ST #601
CORPUS CHRISTI, TX 78404

Respondent Name

TEXAS MUTUAL INSURANCE CO

Carrier's Austin Representative Box

Box Number 54

MFDR Tracking Number

M4-12-2890-01

MFDR Date Received

May 14, 2012

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "We are appealing these claim for our patient..."

Amount in Dispute: \$2,400.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "DWC Rule 133.21(c)(2) states in part that surgical services rendered on the same date for which the total of the fees established in the current fee guideline exceeds \$500 requires an operative report. Texas Mutual received the first billing 8/29/11 of the two codes. Payment was denied absent any documentation of operative report...received the second billing 9/12/11 of the two codes. Payment was denied because the billing was a duplicate. Nevertheless, no operative report was submitted...received the third billing 10/19/11 of the two codes. Payment was denied because the billing was a duplicate. Nevertheless, no operative report was submitted...received the fourth billing 11/18/11 of the two codes. Payment was denied because the billing was a duplicate. Nevertheless, no operative report was submitted....received the fourth billing 11/28/11 of the two codes. Payment was denied because the billing was a duplicate and previously processed. Nevertheless, no operative report was submitted."

Response Submitted by: Texas Mutual Insurance Co, 6210 E. Hwy 290, Austin, TX 78723

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
July 20, 2011	26410-59, 26410-59, 99283-77-25	\$2,400.00	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for health care providers to pursue a medical fee dispute.

2. 28 Texas Administrative Code §133.20 sets out the procedures for health care providers to submit workers' compensation medical bills for reimbursement.
3. 28 Texas Administrative Code §102.4 sets out the rules for non-Commission communications.
4. 28 Texas Administrative Code §133.210 sets out the rules for required medical documentation when submitting medical bills to an insurance carrier.
5. 28 Texas Administrative Code §133.250 sets out the fee guidelines for health care providers to submit a reconsideration for payment of medical bills.
6. Texas Labor Code §408.027 sets out the rules for timely submission of a claim by a health care provider.
7. Texas Labor Code §408.0272 sets out the rules for certain exceptions for untimely submission of a claim by a health care provider.
8. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits dated September 27, 2011

- CAC-18-Duplicate claim/service.
- 224-Duplicate charge.

Explanation of benefits dated September 28, 2011

- CAC-W1- Workers Compensation State Fee Schedule Adjustment.
- CAC-16-Claim/Service lacks information which is needed for adjudication. At least one remark code must be provided (May be comprised of either the remittance advice remark code or NCPDP reject reason code.)
- 790-This charge was reimbursed in accordance to the Texas Medical Fee Guideline.
- 876-Required documentation missing or illegible. See Rules 133.1; 133.210; 129.5; or 180.22

Explanation of benefits dated November 14, 2011

- CAC-18- Duplicate claim/service.
- Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- 224-Duplicate charge.
- 877-Bill previously processed. Refer to Rule 133.250 regarding request for reconsideration.

Explanation of benefits dated November 28, 2011

- CAC-B18-This procedure code and modifier were invalid on the date of service.
- CAC-18- Duplicate claim/service
- CAC-29-The time limit for filing has expired.
- 224-Duplicate charge.
- 731-Per 133.20 provider shall not submit a medical bill later than the 95th day after the date the service for services on or after 9/1/05
- 893-This code is invalid or not covered or has been deleted.

Explanation of benefits dated December 21, 2011

- CAC-18-Duplicate claim/service.
- CAC-193-Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- 224-Duplicate charge.
- 977-Bill previously processed. Refer to Rule 133.250 regarding request for reconsideration.

Explanation of benefits dated March 8, 2012

- CAC-18-Duplicate claim/service
- CAC-29-The time limit for filing has expired.
- 224-Duplicate charge.
- 731-Per 133.20 provider shall not submit a medical bill later than the 95th day after the date the service, for services on or after 9/1/05.

Issues

1. What is the timely filing deadline applicable to the medical bills for the services in dispute?
2. Did the requestor submit bill to the insurance carrier in accordance with 28 Texas Administrative Code §133.20 & Texas Labor Code §408.027?
3. Did the requestor submit bill for reconsideration in accordance with 28 Texas Administrative Code §133.250 and is the requestor entitled to reimbursement?

Findings

1. 28 Texas Administrative Code §133.20(b) states, in pertinent part, that, except as provided in Texas Labor

Code §408.0272, “a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided.” No documentation was found to support that any of the exceptions described in Texas Labor Code §408.0272 apply to the services in this dispute. For that reason, the requestor in this dispute was required to submit the medical bill not later than 95 days after the date the disputed services were provided.

2. Texas Labor Code §408.027(a) states, in pertinent part, that “Failure by the health care provider to timely submit a claim for payment constitutes a forfeiture of the provider's right to reimbursement for that claim for payment.” 28 Texas Administrative Code §102.4(h) states that “Unless the great weight of evidence indicates otherwise, written communications shall be deemed to have been sent on: (1) the date received, if sent by fax, personal delivery, or electronic transmission or, (2) the date postmarked if sent by mail via United States Postal Service regular mail, or, if the postmark date is unavailable, the later of the signature date on the written communication or the date it was received minus five days. If the date received minus five days is a Sunday or legal holiday, the date deemed sent shall be the next previous day which is not a Sunday or legal holiday.” Review of the submitted information finds an EOB dated September 27, 2011. Therefore, pursuant to Texas Labor Code §408.027(a), the documentation submitted supports that a bill was submitted to the carrier within 95 days after the date services were rendered. However, although the requestor’s documentation supports that a bill was submitted to the insurance carrier in a timely manner, 28 Texas Administrative Code §133.210(c)(2) states in pertinent part, “In addition to the documentation requirements of subsection (b) of this section, medical bills for the following services shall include the following supporting documentation: surgical services rendered on the same date for which the total of the fees established in the current Division fee guideline exceeds \$500: a copy of the operative report.” No documentation was found to support that the requestor submitted the required operative report along with the initial and resubmissions of the bill to the insurance carrier.
3. Furthermore, per 28 Texas Administrative Code §133.250(a),(b) & (d)(1-4) states in pertinent part, “If the health care provider is dissatisfied with the insurance carrier’s final action on a medical bill, the health care provider shall submit the request for reconsideration no later than eleven months from the date of service; (b)The health care provider shall submit a request for reconsideration no later than eleven months from the date of service; (d) The request for reconsideration shall: (1)reference the original bill and include the same billing codes, date(s) of service, and dollar amounts as the original bill; (2) include a copy of the original explanation of benefits, if received, or documentation that a request for an explanation of benefits was submitted to the insurance carrier; (3) include any necessary and related documentation not submitted with the original medical bill to support the healthcare provider’s position; and (4) include a bill-specific, substantive explanation in accordance with §133.3 of this chapter (relating to Communication Between Health Care Providers and Insurance Carriers) that provides a rational basis to modify the previous denial or payment.” No documentation was found to support that the requestor submitted a reconsideration request to the insurance carrier in accordance with 28 Texas Administrative Code §133.250. Therefore, per 28 Texas Administrative Code §133.210(c)(2) and 28 Texas Administrative Code §133.250 no reimbursement is due.

Conclusion

For the reasons stated above, the division finds that the requestor has not established that reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

06/22/2012
Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party.**

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.